DOCUMENT RESUME

ED 258 373 EC 172 742

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TITLE Social Problem-Solving Skills and School Behavior of Learning Disabled Children.
PUB DATE Aug 84
NOTE 11p.; Paper presented at the Annual Convention of the American Psychological Association (92nd, Toronto, Ontario, Canada, August 24-28, 1985). Print is light and may not reproduce well.
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Patterns; Elementary Education; *Interpersonal Competence; *Learning Disabilities; *Problem Solving

ABSTRACT

The study compared 86 learning disabled (LD) with 86 matched non-learning disabled (NLD) children (7-11 years old) on three domains of variables: social problem solving skills, school behavior, and family background. The LD children were deficient in all three domains. More specifically, they were able to generate fewer alternatives for solving social problem situations, showed less tolerance for frustration, and had more overall classroom behavior problems and less competence. LD children also showed more family background difficulties (e.g., lack of educational stimulation at home, economic difficulties). The findings suggest the need for greater attention to social and behavioral remediation for LD children, in addition to the cognitive and academic remediation which many LD curricula emphasize. (Author)

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# Social Problem-Solving Skills and School Behavior of Learning Disabled Children

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Presented at 92nd Annual Convention of the American Psychological Association at Toronto, Ontario, Canada, August 1984.

EC173742



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Abstract

The study compared 86 learning disabled (LD) with 86 matched non-learning disabled (NLD) children on three domains of variables: social problem solving skills, school behavior, and family background. The LD children were deficient in all three domains. More specifically, they were able to generate fewer alternatives for solving social problem situations, showed less tolerance for frustration, and had more overall classroom behavior problems and less competence. LD children also showed more family background difficulties (e.g., lack of educational stimulation at home, economic difficulties). The findings suggest the need for greater attention to social and behavioral remediation for LD children, in addition to the cognitive and academic remediation which many LD curricula emphasize.

## Social Problem-Solving Skills and School Behavior of Learning Disabled Children

Research on learning disabled (LD) children has traditionally focused on their perceptual, language, cognitive, and academic functioning, rather than their social and behavioral problems. Recently, however, research evidence has accumulated suggesting that LD children lack social competence and show various behavioral problems. For example, LD children (a) have lower sociometric status (popularity) than their non-learning disabled (NLD) peers (Bruininks, 1978; Siperstein, Bobb, & Bak, 1978), (b) are less empathic (Bachara, 1976), (c) are perceived negatively by parents due to negative behavior patterns (Strag, 1972), and (d) present classroom management problems for teachers (Keogh, Tchir, & Windeguth-Beher, 1974). The present study explored LD-NLD differences in an important aspect of social competence, i.e., interpersonal cognitive or social problem solving (ICPS or SPS) skills (Spivack, Platt, & Shure, 1976; Weissberg, Gesten, Carnrike, Toro, Rapkin, Davidson, & Cowen, 1981), as well as several aspects of school behavior and family background.

Subjects were 172 children: 86 LD children (66 boys, 20 girls), between the ages of 7 and 11, from small, self-contained LD classes in urban and suburban public schools; and 86 NLD children who were selected from the same or neighboring schools and were matched on a case-by-case basis with the LD children on sex, age, and urban-suburban school location. Three main clusters

of dependent variables were evaluated: SPS abilities, teacher-rated classroom behavior, and family background.

The ability to generate alternative solutions in a social problem situation is a critical SPS skill which (a) has been shown to be deficient among various clinical and maladjusted groups of children (Spivack, et al., 1976), (b) can be learned by children through SPS interventions (Elardo & Caldwell, 1979; Spivack & Shure, 1974; Weissberg, et al., 1981), and (c) may mediate social adjustment (Elardo & Caldwell, 1979; Spivack et al., 1976). This ability was assessed by the Open Middle Interview (OMI; Weissberg, et al., 1981), an individually-administered measure which presents children with four different, age-relevant social problem situations and yields three main variables: alternative solutions, variant solutions, and irrelevant responses. Based on 30 randomly selected OMI protocols, the two judges who scored the OMI's obtained an interrater agreement of .97 for alternative solutions, .91 for solution variants, and .93 for irrelevant responses.

Fifty-one NLD children in the sample had an earlier version of the OMI measure with only two social problem situations and a somewhat different use of "prompts" to obtain more responses from the child. To assure comparability to the OMI variable scores of other children in the sample, the scores of these 51 children were doubled and only responses given before prompts were considered for all children in the main sample analyses. In addition,

separate analyses were done for OMI variables on the subsample of 35 LD-NLD matched pairs in which both children had the complete OMI. Because of the direct comparability of OMI measures, the following additional OMI variables were considered for this subsample: total (non-prompted plus prompted) alternative solutions, total solution variants, total irrelevant responses, and maximum effectiveness of solutions (which assesses the "quality" of solutions and is represented as a mean across the four OMI problem situations; the two judges obtained an interrater agreement of .96 for individual effectiveness ratings).

Classroom behavior was assessed by the three-part Child Behavior Rating Scale (CBRS: Weissberg, et al., 1981), an amalgam of two other teacher-rated scales with established reliability, validity, and factor structure--i.e., the Classroom Adjustment Rating Scale (Lorion, Cowen, & Caldwell, 1975) and the Health Resources Inventory (Cowen, 1976). The following dependent variables were derived from the CBRS (factor scores are based on the large normative sample of Weissberg, et al., 1981): (a) factor scores on acting-out, shy-anxious, and learning problems, plus a "problem total" summing these three factors; (b) factor scores on frustration tolerance, gutsy (adaptive assertiveness), and peer sociability competencies, plus a "competence total" sum; and (c) two global, seven-point ratings of how likeable and well-adjusted children were. Teachers also rated the presence of six family background problems: separation/divorce of parents,

illness or death of a family member, lack of educational stimulation at home, economic difficulties, child under family pressure to succeed, and family difficulties. IQ data was available for 44 LD-NLD pairs.

Results from 14 matched t-tests for the study's main sample of 86 LD-NLD pairs indicated significant differences, all showing LD children deficient relative to NLD children, on alternative solutions ($t=2.28$, $p < .05$), learning problems ($t=11.83$, $p < .001$), problem total ($t=6.54$, $p < .001$), frustration tolerance ($t=3.97$, $p < .001$), gutsy ($t=3.83$, $p < .001$), competence total ($t=7.03$, $p < .001$), global adjustment ($t=6.74$, $p < .001$), and IQ ($t=6.45$, $p < .001$; $n=44$ pairs). Results for the main sample also indicated that LD children showed more family problems than NLD children in the following areas: lack of educational stimulation at home ($\chi^2=14.12$, $p < .001$), family economic difficulties ($\chi^2=4.82$, $p < .05$), and family difficulties ($\chi^2=12.22$, $p < .001$). Matched t-tests for the seven OMI variables available on the subsample of 35 LD-NLD pairs indicated a significant result, also in the direction favoring NLD over LD children, for total alternative solutions ($t=2.93$, $p < .01$). The mean LD-NLD difference for non-prompted alternative solutions did <u>not</u> yield a significant t in the subsample, even though it was as large as that observed in the study's main sample (for which a significant t <u>was</u> found). This

lack of significance could be due to reduced statistical power for the subsample.

The results suggest that LD children do indeed show deficits relative to their NLD peers in SPS skills and school behavior, in addition to the deficits in cognitive functioning which lead to their obtaining the LD label in the school system. The findings are generally consistent with a recent, unpublished study (Berg, 1982) assessing similar LD-NLD differences. The study's findings indicate the need for greater attention to social and behavioral remediation for LD children. SPS training programs, which have been applied extensively with NLD children (e.g., Allen, Chinsky, Larcen, & Selinger, 1976; Elardo & Caldwell, 1979; Weissberg, et al., 1981), could be especially helpful for LD children. Remediation could also be accomplished by integrating social and behavioral components into existing curricula for LD children.

The study also indicated that LD children have more family problems, suggesting that some of their deficits in social and behavioral areas, as observed in this study, as well as in cognitive and academic areas, may be due, at least in part, to inadequacies in their home environment. These findings, of course, do not preclude the possibility that such deficits also stem from basic language and processing problems of LD children.

Limitations of the present study include the fact that the selection of LD youngsters was based on their identification as LD by their schools. While specific criteria could have been

employed to select a "purer" LD sample, the method of selection used here identifies a sample more like the LD children receiving special services in the schools and thus allows greater applicability of the study's findings to other LD samples. Other limitations derive from the study's measurement of only one domain of social competence (i.e., the generation of alternative solutions) and its reliance on only one data source for school behavior (i.e., teacher ratings).

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